



# COUNTY OF DUNN

Dunn County Government Center  
Zoning Office  
3001 US Hwy 12 E, Suite 240  
Menomonie, WI 54751  
715.231.6520

## County Sanitary Permit Application

In accord with the Dunn County Zoning Ordinance, Chapter 6, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)

Sanitary Permit Number *(assigned by County)*

### I. Application Information – Please Print All Information

Property Owner's Name

Parcel Number

Property Owner's Mailing Address

Property Location

¼ ¼; S T N, R W

City

State

Zip

Lot Number

CSM Number

Phone #

Other (work / cell) #

Block Number

Subdivision Name

### II. Type of Building (Check all that apply.)

1 or 2 Family Dwelling – Number of Bedrooms \_\_\_\_\_

Public/Commercial – *(Describe Use)* \_\_\_\_\_

City \_\_\_\_\_

Village \_\_\_\_\_

Township \_\_\_\_\_

Nearest Road \_\_\_\_\_

### III. Type of Permit: (Complete line A and check a box in line B.)

A.  Check if no prior Permit Issued.  Check if Sanitary Permit Previously Issued Permit Number: \_\_\_\_\_ Date Issued/Inspected: \_\_\_\_\_

### B. Type of POWT System: (check only one box)

Reconnection/Connection  Repair  Filter basin/canister  Other

### IV. Tank Info

Capacity in Gallons

Total Gallons

Number of Tanks

Manufacturer(s)

Septic or Holding Tank

Dosing Tank

### V. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print) \_\_\_\_\_ Plumber's Signature \_\_\_\_\_ MP/MPRS Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Plumber's Address (Street, City, State, Zip Code) \_\_\_\_\_

### VI. County/Department Use Only

Approved  Disapproved Sanitary Permit Fee \_\_\_\_\_ Date Issued \_\_\_\_\_ Issuing Agent Signature (No Stamps) \_\_\_\_\_

### VII. Conditions of Approval/Reasons for Disapproval

Attach complete plans for the system on paper not less than 8 1/2 x 11 inches in size